

Telephone interview with CAPT Donald C. Kent, MC, USN (Ret.), veteran of the Korean War, conducted by Jan K. Herman 1 September 2000.

What was your education as far as becoming a physician?

Well, I started undergraduate school at the University of Nebraska and, during the early part of World War II, I was part of the enlisted reserve corps in the Army. This allowed you to finish out your semester. So I finished that. And then I came onto active duty in the Army as an enlisted man and was sent to an ASTP (Army Special Training Program) unit at Yale for a semester. By that time I had my acceptance into medical school so the Army didn't want to send me any place but back to school. I had to wait until my medical school opened so I was sent to Fitzsimons Hospital where I worked as an x-ray technician.

What was that hospital?

Fitzsimons Army Hospital in Denver. And I spent about 6 months there. Then I went to the University of Nebraska College of Medicine and was in, at that time, a very accelerated program. So we went 12 months a year with no vacations. I finished medical school in 3 years, most of it under the Army program. By this time World War II was over so I was discharged and finished medical school. I then went to Wayne County General Hospital in Eloise, Michigan for 12 months of internship there. And then I went to a little farming community in Nebraska, a little town called Wahoo. W-A-H-O-O.

I was in a general practice of medicine. After about 1 year into the practice I decided that I wanted to get a reserve commission. I had tried to get into the Navy for my ASTP time but they wouldn't take me because I was color deficient so I went the Army route. But the Navy would take me as a reserve Medical Corps officer. So, got my reserve commission and joined a service unit in Lincoln, Nebraska.

When the Korean War broke out the unit was very quickly activated, and I found myself on active duty. I first was assigned as a medical officer in industrial health at Naval Facility Algiers, Louisiana. I got there in August of 1950. While there I decided that since I had broken my time in practice and already had a few years on active duty, I applied for regular Navy. At that time you had to go through an examination to transfer from reserve to regular and this involved an oral exam, a written exam, and a professional type exam, and a physical. [At the exam] the doctor said, "You will never make it to regular Navy because you are color blind. But you can serve in the reserve." So I said why don't we just process it anyway and they went ahead and sent the paperwork in.

I didn't hear about it for a couple of months and then all at once I got orders to go to the regular Navy Medical Corps orientation program which was at that time a 7-month program at the Naval Medical School, Bethesda. That was January '51. I went to Bethesda and spent that time in the Navy Medical school.

This is for the regular Navy then?

Well, I hadn't gotten my commission yet.

But they sent you to the permanent . . .

They sent me to the permanent program anyway.

Was there any explanation?

Nope. Never. I got into the program and it included a lot of didactic things to learn including a course in tropical diseases, some courses in public health associated with Johns Hopkins University in Baltimore. Then we took an intensified course in aerospace medicine at Pensacola and a 5-week submarine medicine course at New London, and 6 weeks at Camp Lejeune in Fleet Marine.

Were you getting suspicious when you were getting that course about the Marines?

No, not at all. It was just part of the program. Part of the time in Washington we spent at the Bureau of Medicine and Surgery. When I was at the Bureau I was talking to the captain who was in charge of the procurement section and he said, "We've got your papers here but we really can't do anything with them at the moment because you're color blind and we have this thing on record that says regulars can't be color blind." I said, "You know, it doesn't make any sense as a doctor. I can be color blind and make a living." He said, "You're really right. We've got to change that old regulation."

So, I finished my course, still a reserve. When it came time to finish that tour at the medical school, everyone went to the Bureau [of Medicine and Surgery] to talk to the assignment desk. We were to have the first choice of where we wanted to go. We could either get into a residency program, some hospital, or the fleet.

So I said, "My first choice is going to be. . ." and they were really having a hard time getting people to volunteer for Korea. . . "I'm selecting the 1st Marine Division as my choice." So they were very happy to have that decision.

I bet that they were.

So I was immediately sent to Camp Pendleton where I spent 2 days getting gear and everything. I got there in time to get with a replacement draft that was on its way to Korea.

The only orientation you really had was in that course you had down in Camp Lejeune?

Right.

And what did that part of the training consist of?

Well, it was firing weapons. We went on field exercises. We made landings with the amphibious force in Norfolk. We learned how to set up aid stations and perform emergency medicine in the field. It was a pretty good orientation.

So you certainly didn't go to Korea cold then.

Oh no. Plus I'd had 2 ½ years of ROTC infantry training when I was at undergraduate school in the University of Nebraska. I pretty well knew what an operational requirement was in the field. And with this medical training, I was pretty well oriented--more than most people that went over.

What do you recall about the trip across?

We were on a troop transport under operational blackout all the way. So it was pretty much a quiet trip. We stopped in Kobe, Japan where we got rid of all our personal affects. All of the gear we had with us was replenished from whatever else we needed in the field, and we spent 3 or 4 days there. I was a senior medical officer with the replacement draft so I had to go

through all the people in the draft to see that all of their shots were up to date. If not, we took care of them right there in Kobe.

So after about 3 or 4 days there we headed out to Korea and landed in Pusan. Our whole replacement draft was put in a tent camp. In about 2 days we were all flown up north just south of the 38th Parallel.

At first, I was assigned to the engineer shore party but I was only there for a couple days because they still hadn't decided where I would remain. Then an opening came up for battalion surgeon for 3rd battalion 7th Marines. It was an infantry battalion. The 7th Marines were then in reserve, so I joined them in reserve and got acquainted with the officers of the staff and with my corpsmen.

In about 5 days the Punch Bowl operation was to kick off. We were to be the lead battalion and lead regiment of the Punch Bowl. We went into action and, after about a week, I decided the position I should be as far as I could get up forward for my aid station instead of in the back. So I took a corpsman, a chaplain, and myself and we deployed ourselves just behind the line of engagement.

When you say behind, how far behind were you?

Maybe a half a mile. And so at this point we were about 100 yards from the MLR (main line of resistance.)

What did you see out there? What was going on?

We were under fire almost every day, and I was constantly seeing people that were hit. I had available people with a radio and so we did quite a number of air evacuations of people in helicopters back to the aid stations. I did some emergency surgeries on the front line, including a tracheotomy on one fellow.

How did that come about?

He was hit with a shrapnel wound to his neck. All the tissue around his trachea was swollen and his airway was obstructed. I had an emergency tracheotomy tube. Without anesthesia, I made the incision and inserted the tracheotomy tube. We actually saved the guy's life. I got a Bronze Star for that one.

What kind of equipment did you have up front?

I had a small surgical kit, plasma, bandages, and morphine. And that was it. The main thing was to triage people. There were only two ways of getting the people off the line if they were injured. One was helicopter and the other was to put them on a stretcher and carried back by Korean stretcher-bearers.

If you decided you needed a helicopter to get people out, how did you do that?

We had a Marine radioman with us at the front line. And if we needed a helicopter he would call in our location and they would send us a helicopter. Every time we moved we would set up an area in a defile area where it would be safe for a helicopter to land.

How would you describe the aid station you set up?

It was just a dugout.

A dugout in the side of the hill?

A dugout in the side of a hill. Right, that was it. And there were three of us, a corpsman, myself, and the chaplain.

Did you have some kind of table to operate?

Nothing.

Just on the ground?

Just on the ground. Just on the stretcher.

So you would call in a helicopter?

We would call in a helicopter, they would fly in, pick the man up. We would have provided first aid as much as we could--administering morphine to control his pain and stop any bleeding. We would have started plasma. The helicopter would pick him up and they would fly him back to Able Med, where the hospital was.

How far back was that?

Oh that was probably 4 miles back behind the line. And he could be hit, given first aid within minutes. He could be on a helicopter in half an hour, and on an operating table within an hour. It was a fast evacuation and fast care.

What do you remember about those early helicopters?

They were those little Bell helicopters with two pods on each side.

They were kind of welded or bolted to the. . .

They had these pods that you could put the stretcher in.

Kind of a stokes litter or a. . .

A stokes litter.

And just secured?

It was secured and a cover that went over it.

Oh yeah. There was what I was referring to, a cover.

Yes, a cover over the pod. And you could evacuate two at a time.

Did you ever find that you had to do that? When you had enough casualties going did you find that you needed two people to go at one time?.

Oh yes, many times. Many times. The casualties were almost always more than one.

And these were mostly, let's say injuries from shrapnel and that type of thing?

These were shrapnel. Not as much gunshot wounds; most were shrapnel from either mortars or artillery.

That whole operation there at the Punch Bowl was very brutal.

There were a lot of casualties we had at that time. You know, maybe 30 or 40 a day we would evacuate out. And so I did that until maybe November of '51. Then they decided that it was time to rotate me out of there. I had been up there for so long.

So you were the only surgeon working there?

Well, I really wasn't a surgeon. I just had an internship.

You were acting surgeon.

(Laugh) I was acting surgeon. I was the battalion surgeon.

Battalion surgeon?

That was what I was called. That was my title. But all I had was a rotating internship.

What kind of help did you have?

Corpsmen.

How many corpsmen would you have had?

At the front line I had one.

Just one?

Just one.

So there were two of you?

Yes.

That's a lot of casualties for just two of you .

And the chaplain.

Besides providing spiritual guidance what could the chaplain do?

He would help. He could apply bandages. But particularly he could provide spiritual help. And he was a good support to me to have available. So we had a very interesting, a very nice team.

So you never felt that you were overwhelmed.

Oh, sure.

Oh, you did?

Sure. You did at times. You wish you had more surgical training. But, that wasn't available at that stage. At the time all the surgical people were further back where they could use them.

So you were providing essential first aid?

I was providing first aid, right.

One of the other things I've heard from other physicians who served there was the fact that the biggest complaint they had was the fact that what they did was what any

trained corpsman could have done. It was good to have a surgeon, certainly in the case of the tracheotomy.

Oh yes. There were instances in which what I did a corpsman probably would not have been able to do. But the average things we saw, he could have done.

Do you remember any other surgical procedures you performed up there besides the tracheotomy that stand out?

Well, I would stop bleeding. I would clamp off bleeding vessels. Those the main things I did surgically.

But you always felt that “Gee, I wish I had a little more training.”

That’s exactly right.

That’s a heck of a place to have on-the-job training. (Laughter) What happened then?

They had decided to transfer me back to the regiment and the regimental surgeon of the 7th Marines. This was all a couple of miles behind the front line. We had a tent that was sort of semi-permanent because the regiment was in a semi-permanent position. I had a chief hospital corpsmen and I think six other corpsmen. The chain of evacuation was like this: Somebody would be injured on the front line, or somebody would be sick at battalion level and they would be transferred back to the regiment. And then the regiment would decide as to where they would be evacuated from there. Would they go to one of what they called “collecting and clearing companies.” A collecting and clearing company was a small mobile hospital that could do some emergency surgery. It could do more advanced care that you could do on the front line but not the more extensive type of surgery that they could do at what was called “Able Med” which was basically the division hospital. At Able Med they would have all of the surgical specialties. They would have a general surgeon, a thoracic surgeon, an eye surgeon, and, at times, would even have a neurosurgeon assigned. That was again in a real fixed position.

So, at the regiment you would do whatever you could. Again, you would triage what came in, decide where they were to be evacuated, whether that was to be the collecting and clearing company or whether they would go directly back to the hospital company at Able Med. You provided any other interim type of care you could at that point.

So I had gotten there and relieved the regimental surgeon. I was there at Easy Med for about a week. The division headquarters was located in the same geographic area where our regimental facility was. We were behind a hill, and on the other side of the hill toward the front line was the Marine artillery battalion. This particular day our artillery battalion had been doing some firing toward the North Korean and Chinese lines. In the morning I heard what we called an “air burst.” That’s when a shell goes off in the air. And immediately you realize that it’s one of two things. Either our fire has gone off prematurely, or else the enemy is firing at us what we call “fire for effect.” The Chinese and North Koreans had people up in the hills who were their artillery spotters. The spotters could tell them whether they should change the sights of their artillery pieces. And so this first one went off and I looked at it and thought I’m not sure what it is. And then another one went off a little bit closer, and I said “Enemy fire! Evacuate the tent!”

We had a bunker. I had about a half a dozen patients in the tent at that time. I took one of the more serious ones who couldn’t go by himself, picked him up, carried him, and put him in the bunker. Then I went back into the tent, and by this time the corpsmen were starting to

evacuate the walking wounded. Some of them had gotten a few patients out into the bunker. And as I went into the tent and got another one of these wounded, and just gotten out of the tent, maybe 10 yards away, an artillery round came in and landed right on my tent.

Right on the tent?

Right on the tent. And absolutely disintegrated the whole thing.

Was there anybody left in there?

There were two patients and one corpsman. And they were all killed. I was far enough away, but I got shrapnel in my left arm. So firing continued so there was nothing we could do at that time except lay there until the thing was over.

You couldn't make it to the bunker?

I couldn't make it to the bunker by this time because I was afraid to leave where I was. When things did calm down a little bit I went back up and looked in the tent. There was nothing I could do there. I then went down to the bunker and stayed there until the thing was over.

How long did it all take from the time the first shell landed?

Oh, half an hour.

That's a long time to be under fire.

When things were quiet they got me into an ambulance with another patient. The two of us were evacuated to Easy Med, where they debrided and dressed my wound.

So you were in Able Med when this happened?

No, in Easy. Easy Med was the collecting and clearing company. They debrided the wound and told me I needed further treatment.

What was the nature of the wound then?

Well, I had three through and through wounds of my upper left arm.

Upper shoulder?

Upper shoulder. Also, one of the pieces of shrapnel had taken off a little piece of periosteum of the humerus. It wasn't really a fracture but it was a periosteum injury to the humerus.

So they evacuated me back to Able Med. They finished the debridement and decided that I didn't need a cast so they put me in a sling. They told me "You are now going to stay here. We'll treat you and keep you here for the rest of your assignment as staff at Able Med." Two days later, they had a mail call and guess what came in the mail?

What?

A letter from BUMED which said, "Greetings, you are now a regular Navy medical officer." So something had happened back in the Bureau's machinations.

So apparently your color blindness was not that important.

They had decided that they would override it.

But you were already in Korea so it didn't matter.

I was already there.

I think you had mentioned in your story, "The Burning Down of Able Med," the surgeon who took care of you .

The surgeon who took care of me at Easy Med later became a Navy captain. He was an excellent internist, was chief of medicine at several naval hospitals at which I served with him. His name was George Tarr.

So I ended up in Able Med where they let me recuperate about a week and then I started working as a staff physician there. I was first a general medical officer, and then they needed someone to run the eye clinic so I became a makeshift ophthalmologist for a while. Then for the last part of my time at Able Med I acted as the head of the Internal Medicine Division. Finally I became the executive officer of the hospital company.

That's quite a varied range of experiences there.

Right.

As a general physician you kind of did everything.

The surgeons were trained but they . . . They had one fellow who had a year of orthopedics. That's Howard Browne, who I think has talked to you.

Yes.

And they had a couple of surgeons and the rest of us were all GMO's (general medical officers) who fitted into what we could do.

And it was during that period that the fire happened.

Exactly. I'm really not too sure about the date but I think it was in around December.

December '51?

Yes. We had a few cases that had come in off the line and needed to be operated on. They came in in the afternoon. We were getting ready to start surgery in the evening. However, we had all sat down to have dinner. At that time Able Med was all in tents and these were the regular Marine corps issue tents.

The so-called GP tents? General Purpose tents.

Yes. They were supposedly fire-resistant tents. Because it was cold by this time and we were having snow and the weather was pretty cold, these tents were all connected together so people could go from one tent to another without having to go out into the elements. To try to cut down on the heat loss, they had some kind of fiber tent liner that was hooked near the top of the tent that was supposed to decrease the dead space. Each of these tents had a kerosene heater attached to it. The heater was external to the tent but was directly attached to the tent, with the vents going into the tent.

These were all going trying to keep the place decently warm. We were sitting down and one of them blew.

Just exploded?

Just exploded. And started a fire in the tent for which it was providing the heat.

So you say these stoves were external on the outside, in the elements?

Outside of the tents.

But they had the vents coming in?

They had the vents coming into the tents.

So when it blew it set everything on fire.

It started a fire right at that site and the tents started to burn. The liner started to burn and it just went from one tent to the other. We, as well as all the corpsmen, immediately started to evacuate all of the patients. We had some in body casts, and some were still post-operative. Luckily, we hadn't started in surgery at that site yet. And so we evacuated everyone out and we had no place for them to go except out in the cold. But at least they were out of the tent. The whole tent hospital burned down to the ground.

How long did that take?

Oh, I guess half a hour.

And there was no real way to. . .

And we had no way to fight the fire.

All you could do was watch it burn.

We just watched it burn. But at least we got everyone out. Nobody got burned and nobody got injured.

So it wasn't the entire hospital it was just that series of tents. There was still part of the hospital that survived?

No. The only thing left was something like a mess tent or something like that.

So, essentially, it was the whole hospital?

All of the operational hospital burned to the ground.

Okay. So Able Med was literally out of business?

It was gone. It was out. Of course, we immediately got in touch with the division and they brought everything they could. People that needed to be evacuated out of the country were immediately sent either to the hospital ship or flown to Japan. That evening, we brought almost every vehicle we could find to take people and find places for them to go. There were a couple of Army MASH units that were quite a ways south of us, but they did have some space available so a lot of the people were sent down to those MASH units. We got everybody out and everybody placed.

Within just a few hours?

Within a few hours. By that evening we had found a place for everybody. The tents the corpsmen and officers lived in were not attached to the hospital so we had places where we could

stay. Within 2 days the Marine engineer battalion started to rebuild the hospital. This time they rebuilt it into semi-permanent buildings. There were no more tents.

They brought in the building material?

They brought in the building material and built semi-permanent buildings for the hospital.

How long did that all take?

Oh, maybe 2 weeks. We were pretty much back in operation again.

Yes, you sent us that picture with your story. It looked like a pretty nice facility.

It was. It was a very good facility.

I should have asked this earlier. When you still had the tent hospital at Able Med, how was it staffed? Were there nurses there?

Oh, no. No, no.

No nurses. This was considered up front kind of duty?

There were hospital corpsmen, one dentist, physicians and a Medical Service Corps officer.

And how close to the front was this? To the MLR?

About 5 miles behind.

When you think of Army MASH units, of course they did have nurses attached.

Army MASH units were maybe 20 miles behind.

Twenty miles behind?

Right.

So, you were really considered an up front operation?

We were much more up front then the Army units were and the Navy never put nurses in those positions.

I think the only places nurses really served were on board the hospital ships. They didn't serve like the Army.

They were only on the hospital ships.

Equipment wise, what did you have? You had suction and you had all of the things that you would have on a regular. . .

Oh, yes.

X-ray and. . .

We had a portable x-ray, you know, a field x-ray unit. We had operating tables, suction equipment. We had anesthesia equipment.

You could have done pretty much anything there.

We could do most anything. We could do open chest work. We could do any sort of orthopedic work. You didn't do any definitive surgery there. This was still a facility where you would provide basic surgical requirements, and then they would go to the hospital ship or the Yokosuka for definitive care. And you only held people there who you felt were going to go back to the line. It was not a long-term care facility. It was an interim type of health care facility.

Where did you go after that?

I stayed on as the exec of the hospital. I guess the last 3 months I was there I was the exec of the medical battalion and this was the sort of administrative group over the whole medical organization to the 1st Marine Division. This was commanded by a Navy commander by the name of Dr. Richard Lawrence.

Then I finished out my tour. At that time you had your choice as to where you wanted your next tour of duty. So, I elected to finish my training. I made my decision to go into internal medicine. I did the internal medicine program at Naval Hospital Chelsea, Massachusetts. I went there in June of '52.

I finished that residency training program. At this point I was beginning to get interested in chest disease. I finished my fellowship training in tuberculosis at the Trudeau Sanitarium in Saranac Lake, NY.

I finished residency and, because my background and interest and work at Trudeau, they sent me to Naval Hospital St. Albans, NY. There I was the officer in charge of the cardiac and pulmonary physiology laboratories and provided that service to St. Albans which was the pulmonary disease center for the East Coast for the Navy.

I also ran the Office of Naval Research program at the hospital. We were doing cardiac and pulmonary physiology research.

So how long did you stay in the Navy?

I was on active duty for 21 years.

So you retired?

Oh, yes, I retired.

The experience you had in Korea put you in pretty good status as far as when you got back. You had more experience that most other people would have gotten in 10 years.

Oh, I think so. I think so. It was the beginning of a very wonderful career. They say that when you're at war you wouldn't want to be with anyone else but the Marines. You just wouldn't want to be with them in peacetime. But it was a very rewarding experience.

Well, Dr. Kent, thank you very much for sharing those memories with us.